Definition of Dementia:

An acquired complex of intellectual deterioration which affects at least two areas of cognitive function. Decline must effect ability to function normally. A syndrome, not a diagnosis. **

Type of Dementia	Percentage of All Dementia Types Approximate	Causes	Behavior Hallmarks
Alzheimer's Disease	60%	Degenerative Disease causing "plaques & tangles" to build up in the brain, resulting in scar tissue that kills and shrinks brain. Begins in the hippocampus – the area of the brain that translates short-term memory into long term memory.	Progressive, slow decline over time in global function (listed in order of progression) Short-term memory Executive function* Judgement Word naming Motor skills Recognizing things
Lewy Body Dementia	15%	Degenerative Disease associated with an accumulation of Lewy Bodies (also seen in Parkinson's disease) in parietal and occipital lobes of the brain - causing impairment in cognitive function.	 Periods of short-term confusion Problems with attention span Agitation, hallucinations, paranoia Problems recognizing people Depression, irritability Difficulty with way finding, visual-spatial tasks Sleep disturbances Parkinson like (rigidity) symptoms in legs and arms Memory problems are few, fluctuating
Mixed Dementia	10%	Combination of degenerative disease and other type of dementia (e.g., Alzheimer's & multi-infarct)	
Vascular Dementia (Multi-Infarct or Mini-Strokes)	5%	Circulatory disease of heart and blood vessels. High blood pressure, plaque build-up in arteries, etc. resulting in stroke or mini-strokes that damage areas of the brain. Associated with diabetes, smoking, high cholesterol.	 Decline is abrupt, stepwise progression Episodes of unexplained confusion Very slow moving and thinking, stops initiating activities, becomes agitated when rushed Apathy, loss of interest, withdrawal, negative outlook, loss of self-confidence Self-neglect Treatment resistant depression Obsessively preoccupied with certain things

Type of	% of all	Causes	Behavior Hallmarks
Dementia	Dementia		
Other	10%	Causes are listed Below	
Dementias			
Frontal Lobe	(Rare)	Genetically influenced	Extremely restless, up and down
Dementia &		disease process. Only the	exploring environment
Picks Disease		frontal lobe is affected, resulting in primarily	 Strong psychiatric symptoms - personality changes, apathy
		behavioral problems, not	Lack of judgement, empathy or
		memory problems.	insight
			 Social and personal neglect
			Rigid behavior
			 Hyperactivity – oral and sexual
			 Impaired emotional control Language impairment
			Language impairmentNot memory impaired
Creutzfeldt-	(Rare)	Virus – same one that causes	Very quick and terminal decline
Jakob Disease	(======)	"Mad Cow's Disease"	Classified as a type of "Prion"
Guilon Discuse			disorder
Multiple	(Small)	Diseases of the nervous	 Primarily physical symptoms at
Sclerosis,		system.	onset
Parkinson's			Eventually result in cognitive
Disease,			decline – sporadic problems,
Huntington's Chorea	(Rare)		hallucinations, disorientation etc.
Brain	(Small)	Brain trauma resulting in	Sometimes losses can show some
Damage:		damage.	improvement if toxins are
Alcohol abuse,		3	removed (e.g., alcohol)
brain injury,			
AIDS, toxic			
environments etc.			

^{*}Executive function includes: making a plan and carrying it out, weighing information and making good decisions, initiating activities, appropriate social behavior. Personality characteristics and denial of memory problems are also associated with executive function.

NOTE: There are many different types of dementia (approximately 70 to 80). Some of the major disorders causing dementia are: degenerative diseases (e.g., Alzheimer's disease, Pick's disease), vascular dementia (e.g., multi-infarct dementia) anoxic dementia (e.g., cardiac arrest) traumatic dementia (e.g., dementia pugilistica [boxer's dementia]) infectious dementia (e.g., Creutzfeldt-Jakob Disease) toxic dementia (e.g., alcoholic dementia) **The Alzheimer's Association estimates that one in 10 persons over 65 and nearly half of those over 85 have Alzheimer's disease.**

Information Sources: American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, D.C, American Psychiatric Association, 1994. Alzheimer's Association 2002. Elder Advocates Inc. - Drs. Kim & Gail Peterson – "Understanding and Responding to Behaviors of Dementia" 2000.

^{**}In addition, the cognitive impairments must be severe enough to cause impairment in social and occupational functioning. Importantly, the decline must represent a decline from a previously higher level of functioning. Finally, the diagnosis of dementia should NOT be made if the cognitive deficits occur exclusively during the course of a (usually short-term) delirium.